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Attn: Leo B. Tentoni
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Alexandria, VA 22313-1450****FROM:****Ralph D'Alessandro
Reg. No. 28,838
Attorney for Applicants****PHONE:****571-272-1209****FAX:****703-872-9310****PHONE:****661-295-5600 x2404****FAX:****661-257-4953****Documents Transmitted:****Amendment Transmittal Letter, 1 page; Amendment,
8 pages.****Applicant(s):****Kenneth J. Newell et al.****Appl. No.:****10/084,726****Filed:****02/25/2002****Group Art Unit:****1732****Examiner:****Leo B. Tentoni****3D Systems Docket No.:****USA.286-1****I hereby certify that this paper (along with any paper referred to as being
transmitted herewith) is being facsimile transmitted to the U.S. Patent and
Trademark Office at the fax number listed above.**A handwritten signature of Carolyn Moore in cursive script.
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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. USA.286-1	
Applicant(s): Kenneth J. Newell, Kris Alan Schmidt, Michael Thomas Sherwood					
Serial No. 10/084,726	Filing Date February 25, 2002	Examiner Tentoni, Leo B.		Group Art Unit 1732	
Invention: POST PROCESSING THREE-DIMENSIONAL OBJECTS FORMED BY SOLID FREEFORM FABRICATION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	30 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-0900					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
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 Signature			Dated: May 19, 2004		
Ralph D'Alessandro, Reg. No. 28,838 Attorney for Applicant 3D Systems, Inc. 26081 Avenue Hall Valencia, CA 91355 (661) 295-5600, ext. 2404			<div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22312-1450.</p> <hr/> <p style="text-align: center;">Signature of Person Mailing Correspondence</p> <hr/> <p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p> </div>		
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